



**DEPARTMENT OF SAFETY
DIVISION OF FIRE STANDARDS & TRAINING
BUREAU OF EMERGENCY MEDICAL SERVICES
NH EMS TRANSPORTING VEHICLE APPLICATION**
PLEASE PRINT (BLACK INK) OR TYPE

NEW _____ RELICENSE _____

LEGAL NAME OF UNIT _____

BUSINESS STREET ADDRESS _____

MAILING ADDRESS _____
STREET/POB CITY STATE ZIP

BUSINESS PHONE _____

EMAIL ADDRESS _____ FAX #: _____

MAKE: _____ YEAR: _____ VEH REG #: _____ VEH VIN#: _____

A CURRENT COPY OF THE VEHICLE REGISTRATION & VEHICLE INSURANCE IS REQUIRED

TYPE OF OWNERSHIP: FOR-PROFIT _____ NON-PROFIT _____ MUNICIPAL _____

ACKNOWLEDGEMENT

I CERTIFY THAT THE EQUIPMENT & SUPPLIES REQUIRED BY Saf-C 5904.08 ARE NOW ON BOARD THIS VEHICLE & WILL REMAIN ON BOARD IN WORKING CONDITION WHILE THE VEHICLE LICENSE IS IN EFFECT. I UNDERSTAND THAT FAILURE TO ADEQUATELY MAINTAIN THE NECESSARY EQUIPMENT & SUPPLIES COULD RESULT IN REVOCATION OF THE VEHICLE LICENSE.

(DATE)

(SIGNATURE OF HEAD OF UNIT OR ALTERNATE)

I, THE UNDERSIGNED, ATTEST THAT I AM DULY AUTHORIZED TO COMPLETE AND SIGN THIS APPLICATION; THAT I HAVE READ THIS APPLICATION IN ITS ENTIRETY; AND THAT THE INFORMATION CONTAINED HEREIN IS ACCURATE AND TRUE. SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY ON

(DATE)

(SIGNATURE OF HEAD OF UNIT OR ALTERNATE)

The fee for a vehicle license is \$20.00. Please make check or Money Order payable to the "State of NH". Pursuant to RSA 153-A:15, there shall be no licensing fee charged to non-profit, volunteer organizations or municipalities.

NOTICE TO ALL APPLICANTS:

Authority: NH RSA 153-A:10 & Administrative Rules Saf-C 5904

1. All ambulance vehicles utilized for emergency or non-emergency transport of ambulatory or incapacitated patients shall be duly licensed with the Bureau.
2. Housing requirements for all licensed ambulance vehicles will be adhered to. For ambulance vehicles taken out-of-service for extended periods of time [i.e. seasonal use] the unit shall notify the Bureau of EMS in writing, of the planned action. Said ambulance vehicle(s) will be subject to reinspection prior to being placed back in-service.
3. All ambulance vehicles will be inspected by Bureau approved personnel utilizing the minimum equipment standards as published by the Bureau.
4. Additional equipment may be required **by the Medical Resource Hospital** to meet provisions of the Unit's "ALS Agreement".
5. **During patient transport**, per Saf-C 5902.06, the **staffing level in each vehicle** shall, at a minimum, include 2 licensed providers one of which will be licensed at a EMT-B level or higher.
6. Changes in ownership or extended in-service capability of a Unit's licensed ambulance vehicle(s) shall be submitted in writing to the Bureau.
7. A listing of minimum vehicle and equipment requirements is available from the Bureau.
8. Vehicle maintenance and medical equipment shall be kept in working order as part of the licensing process.

Mail a Completed Application To:

**Department of Safety
NH Bureau of EMS
Licensing Coordinator
10 Hazen Drive
Concord, NH 03305
(603)-271-7048
(603)-271-4567 (Fax)**